



2008 Ice-Breaker Scramble



Greendale Golf Course. 6700 Telegraph RD. Alexandria. VA. 22310
(703) 917-6170

Saturday, April 5th, 2008

9:00 a.m., \$60 per person

Tournament Format: Teams of 2 pick the better of each shot and both players hit from that spot until the hole is completed. Prizes awarded for 1st & 2nd of each flight. Closest to the pin contest.

Entry Fee: \$20 per team NON-REFUNDABLE deposit is required to register.

Entry Information: One person from each team must have a current VSGA handicap or other valid USGA handicap. Either home club telephone number and index or a current copy of VSGA handicap label required with entry. Participants Must Sign-Up in Teams of Two. Entry Deadline is Friday, March 29th, 2008. Checks or credit card payments must accompany all entries in addition to this form. Make Checks Payable To: FCPA-Greendale. Mail Payment to: Greendale Golf Course, ATTN: Sarah Harmon (Assistant Manager), 6700 Telegraph RD, Alexandria, VA 22310 *All participants will receive a confirmation call one week prior to the event to verify tee times and partners. Please Include \$20 Only. We can not process entire registrations prior to your arrival.*

If accommodations and/or alternative formats are needed, please call (703) 324-8563, at least 10 working days in advance of the registration deadline or event. TTY (703) 803-3354, Publication of Fairfax County

Entry Form

Please complete the following information. Detach this entry form and mail to the above listed address with the appropriate fee:

Golfers Name: _____

Address: _____

City, St., Zip: _____

Phone: _____ USGA Handicap Index*: _____

Home Club: _____

Partners Name: _____

Partners VSGA Index*: _____ Partners Home Club*: _____

Please list preferred paring (fill this out if you wish to play with another registered twosome):

_____, *A registration form must be received from each player prior to Friday, June 7th, 2008 in order to be placed on a final foursome. Additionally, tee-times ARE NOT guaranteed. Tee-times are first-come, first served. *Only one person from each team must have an established VSGA/USGA handicap. Either home club telephone number and index or a current copy of VSGA handicap label required with entry.*

I certify that I qualify for this event according to the provisions above: _____

Signature

Payment Amount (\$20 per team): \$ _____ **Payment Method:** (Circle One) Check Visa MasterCard

Check #: _____ Credit Card Number: _____ -- -- -- -- Exp: ____ / ____